

GARNISHEE DISCLOSURE

Form #3DC26

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use Court Date: Garnishee Fee paid # \$
Defendant(s)	
Garnishee/Garnishee's Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)	Civil No.
	Judgment Creditor(s)/Judgment Creditor(s)' Attorney
Garnishee's Name and Address:	
Judgment Debtor(s):	
GARNISHEE DISCLOSURE	
Garnishee above named, and in response to Garnishee Summons served on it, discloses that at the time of service of Garnishee Summons:	
<div style="margin-bottom: 10px;"><input type="checkbox"/> 1. Garnishee DID NOT have any goods or effects of Judgment Debtor(s) in its hands, Garnishee was not indebted to Judgment Debtor(s), Garnishee did not have any monies of Judgment Debtor(s) in its possession for safekeeping, or Judgment Debtor(s) did not owe any wages (including any salary, stipend, commissions, annuity or net income or portion of net income under a trust) or was not in receipt of any wages from Garnishee except as follows:</div> <div><input type="checkbox"/> 2. Garnishee DID have goods or effects of Judgment Debtor(s) in its hands, Garnishee was indebted to Judgment Debtor(s), Garnishee did have monies of Judgment Debtor(s) in its possession for safekeeping, or Judgment Debtor(s) did owe wages or was in receipt of wages (including any salary, stipend, commissions, annuity or net income or portion of net income under a trust) from Garnishee except as follows:</div>	
I have read this Disclosure, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI‘I THAT THE ABOVE IS TRUE AND CORRECT.	
Mail to: <input type="checkbox"/> 75 Aupuni Street, Room 205, Hilo, Hawai‘i 96720 <input type="checkbox"/> P.O. Box 9017, 79-7595 Haukapila Street, Kealahou, Hawai‘i 96750 <input type="checkbox"/> 67-5175 Kamamalu Street, Kamuela, Hawai‘i 96743.	
In accordance with the Americans with Disabilities Act if you require an accommodation or assistance, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.	
Date:	Signature of Garnishee/Garnishee's Attorney: Print/Type Name and Title/Relationship to Garnishee: